

Datapoint YE 2000 Technical Notes

Number 6, February 2002

N.B.: These notes will be available on the Division of Health Care Finance and Policy's website (www.mass.gov/dhcfp).

General

1. Statistics for the year end 2000 edition of Datapoint are based on short stay acute hospital inpatient discharge data received as of November 8, 2001. The Datapoint YE 2000 issue compares the full year 1999 (10/1/98 – 9/30/99) to the full year 2000 (10/1/99 to 9/30/00). Some data that failed DHCFP edits have been included, based on our judgment that they would not adversely affect calculation of the selected indicators.

2. Seventy-seven (77) of eighty Massachusetts short stay acute care hospital campuses are included in the analysis. Three hospitals, which submit inpatient discharge data to the Division have been excluded from the data set since they do not provide short stay acute care. These include Kindred Hospital Boston (formerly Vencor-Boston), Kindred Hospital North Shore (formerly Vencor -North Shore), and Caritas Southwood Hospital.

Page 1

1. Diagnosis Related Groups (DRGs) are assigned based on the 3M All-Patient Grouper, Version 12. The top 10 DRGs are identified by calculating the percent of total inpatient charges statewide that each DRG represents for the full year FY 2000. Statistics for FY 1999 are then presented for the same 10 DRGs, regardless of whether they had the same ranking in that year.

Page 2

1. Hospital Charges are not inflation-adjusted and do not represent costs or payments. **Ancillary Charges include all charges except those for routine and special accommodations.**

2. The distribution of **Total Charges per Discharge** is calculated by assigning each statewide patient discharge to one of 50 intervals, based on the total charge for that discharge. Intervals are \$1,000 wide, with the exception of the last one, which groups all discharges which have total charges of \$50,000 or more. The discharges that fall into each interval are then counted, and the percentage of total discharges statewide that each interval represents is calculated. The lines on the graph **“Distribution of Total Charges per Discharge”** connect the points that indicate the calculated percentages for each interval.

3. The following hospital campuses are categorized by the Division as **teaching hospitals**: Baystate Health Systems, Berkshire, Beth Israel Deaconess, Boston Medical Center, Brigham and Women's, Cambridge, Carney, Children's Medical Center, Dana Farber, Faulkner, Lahey Clinic, Mass. Eye and Ear, Mass. General, Mount Auburn, New England Medical Center, St. Elizabeth's, Saint Vincent, UMass/Memorial Medical Center.

Due to hospital technical reporting issues, data for the Somerville campus is combined with data for the Cambridge campus in our FY 2000 calculations. Since the Somerville campus is not considered a teaching hospital, this affects both teaching and non-teaching hospital statistics, and tends to reduce the differences between the two sets of calculations.

Technical Notes

Datapoint February 2002, Number 6

Page 3

1. The **Case Mix Index** is calculated using Massachusetts cost weights for the 3M All-Patient Grouper, Version 12. The base year is FY 1993. The case-mix index equals the sum of the cost weights for all discharges divided by the number of discharges.

2. The percent increase in **Discharges** and **Total Patient Days** is calculated using only those hospitals for which we have data for BOTH the current quarter and the equivalent quarter of the previous year.

Page 4

1. **Payer Source** data have been regrouped for purposes of producing *Datapoint* graphs regarding payers. Groupings used are NOT equivalent to the “payer type” reported by hospitals.

2. The graph “**Payer Categories by Percent of Discharges and Charges**” is designed to indicate the total impact of various insurers in the market, while at the same time separating out managed care from non-managed care payers. Thus, the percents of discharges and charges calculated for Harvard Pilgrim, Tufts, Blue Cross Managed Care, Fallon, and Other Managed Care include all discharges attributable to all products they offer, including Medicare and/or Medicaid plans.

3. In contrast, the graph “**Government and Private Payers by Percent of Discharges and Charges**” groups patients by the underlying payer, regardless of plan type. Thus, for example, all Medicare discharges are included in the Medicare category, regardless of whether it was the traditional Medicare program or a Medicare+Choice plan.

4. Please note the Division adopted several new payer codes which are included in the FY 2000 regulations for the submission of hospital discharge data. These and other changes are categorized and reflected in the two Datapoint payer graphs. Changes are reflected in **bold**:

Payer Source Definition	New 2000 Payer Code	Payer Categories by Percent of Discharges & Charges	Government and Private Payers by Percent of Discharges and Charges
Commonwealth PPO	No	Tufts	Other
Neighborhood Health Plan	No	Harvard	Private
Self Pay	No	Uninsured	Private
Other Non-Managed Care (not listed elsewhere)	No	Other-NMC	Private
Foundation	No	Other-NMC	Private
Grant	No	Other-NMC	Private
Principal Financial Group	Yes	COMM-NMC	Private
Christian Brothers	Yes	COMM-NMC	Private
Hillcrest HMO	Yes	OTHER-MC	Private